



**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

May 8, 2018
5:30 P.M.
Board Room
125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

AGENDA

- | | |
|---|-------------------------|
| I. Call to Order | Josephine Bolus, NP, BC |
| II. Adoption of March 13, 2018
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. CEO President's Report | Mitchell Katz, M.D. |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Cumberland | Sharon-Oliver-Henderson |
| b. NYC Health + Hospitals/McKinney | Antoine Jean-Pierre |
| c. NYC Health + Hospitals/Harlem | William Hamer |
| d. NYC Health + Hospitals/Sydenham | Everett Person |
| e. NYC Health + Hospitals/Woodhull | Talib Nichiren |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

March 13, 2018

5:30 P.M.

NYC Health + Hospitals Board Room

125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Committee Chair

Robert Nolan, Board Member

Mitchell Katz, M.D., President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island

Sharon Oliver-Henderson, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center

Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler

Anthony Andrews, Ed.D, Chairperson, NYC Health + Hospitals/Queens

Donna Gill, R.N., (representing Ruth Clark, Chairperson, NYC Health + Hospitals/Sydenham/A Gotham Health Center)

Ludwig Jones, Chairperson, NYC Health + Hospitals/East New York

Eartha Washington, Chairperson, NYC Health + Hospitals/Elmhurst

Beverly Alston, Chairperson, NYC Health + Hospitals/Carter

John Roane, (representing, Louise Dankberg, Chairperson) NYC Health + Hospitals/Bellevue

J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan

Judy Wessler (representing, Enrique Cruz, Chairperson) NYC Health + Hospitals/Gouverneur

Benita Stemberge, Chairperson), NYC Health + Hospitals/Harlem

Warren Berke, Chairperson, NYC Health + Hospitals/Kings

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Marty Bromberger, NYC Health + Hospitals/Queens

Lillie Taylor, NYC Health + Hospitals/East New York

Irene Swilley –Wynn, NYC Health + Hospitals/Harlem

Diane Collier, NYC Health + Hospitals/Harlem

Lygia Kensenhuis, NYC Health + Hospitals/ Carter

Alicia F. Allick-Goudie, Chaplain, NYC Health + Hospitals/Carter

Oneida Lewis, NYC Health + Hospitals/Cumberland

Mabel Evans, NYC Health + Hospitals/Queens

Anna Zabniak, NYC Health + Hospitals/Elmhurst

Reverend Henry Jean, NYC Health + Hospitals/Queens

Judith Berdy, NYC Health + Hospitals/Coler

Eunice C. Sebros, NYC Health + Hospitals/McKinney

Gloria C. Thomas, NYC Health + Hospitals/McKinney

Oliver Taylor, NYC Health + Hospitals/East New York

Vere Gibbs, NYC Health + Hospitals/East New York

Trina Jones, NYC Health + Hospitals/East New York

James Tillmon, NYC Health + Hospitals/East New York

Beverly Smith NYC Health + Hospitals/Harlem

Wilbur Johnson, NYC Health + Hospitals/McKinney

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

John Jurenko, Vice President, Government Relations
Barbara Keller, Office of Legal Affairs
Colicia Hercules, Office of Board Affairs
Bridgette Ingraham-Roberts, Office of Government Relations
Kathleen Whyte, Office of Government Relations
Manelle Belizaire, Office of Government Relations
Renee Rowell, Office of Government Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

Israel Rocha, Chief Executive Officer, NYC Health + Hospitals/Elmhurst
Christopher Roker, Chief Executive Officer, NYC Health + Hospitals/Queens
Floyd Long, Chief Executive Officer, NYC Health + Hospitals/Carter
Robert Hughes, Chief Executive Officer, NYC Health + Hospitals/Coler
Gregory Atwater, Executive Director, NYC Health + Hospitals/Sydenham
Randreta Ward-Evans, CAB Liaison, NYC Health + Hospitals/Sydenham
Cleon Edwards, Associate Director, NYC Health + Hospitals/Queens
Nyron McLeish, Associate Director, NYC Health + Hospitals/Carter
C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens
Jose Torres, CAB Liaison, NYC Health + Hospitals/Coler
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings
Lea Antzis, CAB Liaison, NYC Health + Hospitals/North Central Bronx

GUESTS:

Anthony Feliciano, Commission on the Public's Health
Cindy Cain, NYC Health + Hospitals Consumer

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:35 p.m. Mrs. Bolus, announced that a quorum had been established. She requested a motion for the adoption of the minutes of November 14, 2017 meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REMARKS:

Mrs. Bolus opened the meeting with a warm welcome to all and extended a welcome to Dr. Mitchell Katz, the new President and CEO of NYC Health + Hospitals, who was joining the CRC meeting for the first time.

Mrs. Bolus began her report by thanking members of the Community Advisory Boards (CABs) for advocating on behalf of NYC Health + Hospitals' health care system on CAB Lobby Day, which was held on February 13th. Mrs. Bolus added that one hundred and nineteen (119) CAB members traveled to Albany and met with seventy-nine (79) Assembly, Senate members and/or their representatives. Mrs. Bolus continued and highlighted notable community related initiatives and accomplishments from across the system as follows:

- NYC Health + Hospitals Board of Director's Annual Public Meetings for Fiscal Year 2018 will be held for each borough on the following dates and locations starting at 6pm:
 - Manhattan: **Wednesday, April 11, 2018** at Bellevue
 - Queens: **Wednesday, April 18, 2018** at Queens Hospital
 - Staten Island: **Wednesday, May 2, 2018** at Sea View
 - Brooklyn: **Wednesday, May 16, 2018** at Kings County
 - The Bronx: **Wednesday, May 23, 2018** at Lincoln

Ms. Bolus encouraged CAB members to attend and provide testimony.

- CAB members were encouraged to inform parents within their communities that it is not too late for kids to get a flu shot. New York State has reported a significant increase in pediatric flu cases, with this flu season still expected to last a few more weeks. She noted that while it is best to get the flu vaccine as soon as it becomes available, getting the vaccine now can still be life –saving.
- NYC Health + Hospitals opened the last unit of 60 new skilled nursing facility beds for seniors and clinically complex patients at Gouverneur. Mrs. Bolus added that these new beds are expected to provide much-needed care in the community to patients and generate \$10 million in new revenue annually for the health system.
- NYC Health + Hospitals/Lincoln's Primary Stroke Center has earned The Joint Commission's Gold Seal of Approval. Mrs. Bolus added that Lincoln is the first in the South Bronx to receive the organization's Advanced Primary Stroke Center certification and that the hospital also received a Gold Plus Award and the Target Plus Honor Elite Award from the American Heart/American Stroke Association's "Get with the Guidelines" Stroke Program. She noted that these guidelines help hospitals to improve stroke care by promoting consistent adherence to the latest scientific guidelines. She announced that this is the third consecutive year that the hospital had received the Target Plus Award and seventh consecutive year it has received the Stroke Gold Plus Award.

- Two more NYC Health + Hospitals has earned the prestigious “Baby-Friendly” designation for promoting the highest level of care for infants through breast feeding and bonding between mother and baby. Mrs. Bolus explained that the recognition is awarded to hospitals all over the world by Baby-Friendly USA, which is part of an initiative of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). NYC Health + Hospitals now has nine (9) hospitals that have earned "Baby-Friendly" status.
- NYC Health + Hospitals/North Central Bronx was the first hospital in the Bronx to be designated a Gold Safe Sleep Champion by Cribs for Kids, a national safe sleep hospital certification program. She explained that North Central Bronx had earned this designation by demonstrating its commitment to best practices and education focused on infant safe sleep to help reduce the risk of injury and death to infants while sleeping. This certification is a testament to the outstanding work of NYC Health + Hospitals’ highly skilled and dedicated staff and exemplifies the staff’s commitment to the community, making sure new parents are educated and able to create a safe sleep environment at home for their newborns.
- Congratulations extended to Ms. Ruth Clark, CAB Chair for the Gotham Health Sydenham Health Center, who received a “Lifetime Achievement Award” from the Black Fine Art Society on Thursday, February 15th in recognition of her entrepreneurial leadership. Mrs. Bolus added that Ms. Clark was the first Black woman to own and operate a temporary staffing service, Clark Unlimited Personnel (CUP) and is the founding president of the Support Network.
- NYC Health + Hospitals/McKinney Auxiliary will be hosting a Dr. Susan Smith McKinney Legacy Award 2018 event in recognition of Women’s History Month on March 22, 2018. Ms. Gloria Thomas, CAB and Auxiliary member informed the Committee and invited guests that unfortunately this event was postponed until further notice.

Mrs. Bolus concluded her report by announcing the passing of Mr. Robert (Bobby) Harris, a longstanding and outstanding member of the Sea View CAB on Tuesday, February 11th. Mrs. Bolus added that he was a beloved husband, father and grandfather and a friend to all. Mr. Harris served with the U.S. Coast Guard and then went on to serve the City of New York for twenty years as a decorated NYPD Officer. After he retired, he continued working in many jobs that gave him the most fulfillment and satisfaction including serving on the CAB. Mrs. Bolus asked for a moment of silence to acknowledge Mr. Harris’ contributions.

PRESIDENTS REMARKS:

Mitchell Katz, M.D.

Dr. Katz welcomed Committee Members, CAB Chairs and invited guests. He informed members of the Committee and CAB Chairs that he had returned to his hometown of New York City for a little over two (2) months now. He added that the NYC Health + Hospitals is an amazing organization. Dr. Katz continued and thanked members of the Committee, CAB Chairs and staff for all that they do to make NYC Health + Hospitals a great organization. Dr. Katz continued and stated, “What’s most important is that we take great care of the people who come to us; we are a health service organization we don’t make any products, we ourselves

are here to serve and take care of others.” Dr. Katz added that the incredible value that the Community Advisory Boards provide is to alert us on what it is that people need, so that we can be responsive. Dr. Katz informed the Council that he will soon start his own clinical practice at NYC Health + Hospitals/ Gouverneur. He is in the last phase of the credentialing process. He received his New York State license two weeks ago. He has passed his physical examination and is now looking forward to practicing at as many NYC Health + Hospitals’ facilities as possible.

Dr. Katz concluded his remarks by thanking members of the Committee and CAB Chairs for all that they do. Dr. Katz added that he looks forward to working with the CABs over the coming years.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Queens

Mrs. Bolus introduced Mr. Anthony Andrews, Chairperson of NYC Health + Hospitals/ Queens CAB and invited him to present the CAB’s annual report.

Mr. Andrews began his presentation by greeting members of the Committee, CAB Chairs and invited guests. Mr. Andrew highlighted the following key points and accomplishments:

- The most significant health care service needs for the southeastern Queens community is: cancer, diabetes, hypertension, heart disease and behavioral health. Mr. Andrews noted that the facility’s leadership addresses these concerns by creating four (4) Centers of Excellence (Behavioral Health, Cancer Care, Diabetes Management and Women’s Health).
- Under the leadership of Christopher Roker, Chief Executive Officer, NYC Health + Hospitals/Queens, the facility has received a number of noteworthy awards. Queens Hospital was recognized by U.S. News and World Report for high performance in the area of heart failure, in November 2017. The hospital received a Most Improved Performance Award from Northeast Business Group on Health. In November 2017, Queens Hospital received a recognition award from Healthfirst for the Most Improved Hospital in New York City in the category of “Most Improved Hospital for Medicare Patients.”
- Queens’ Hospital top five strategic priorities include: quality improvement, operations, patient experience, staff engagement, and financial responsibility. Mr. Andrews noted that the success of the facility will be based on the core values embodied in the acronym I-CARE”. Mr. Andrews explained that I-CARE stands for Integrity, Compassion, Accountability, Respect and Excellence. Mr. Andrew explained the success will be based on the facility’s ability to (1) anticipate and then meet the patient’s needs; (2) engage the workforce to the extent whereby each employee is both supported and personally accountable; (3) provide high quality, safe care in a culturally sensitive and coordinated way; (4) expand access to include and serve more patients; and (5) increase efficiency through investments in technology.

- The NYC Health + Hospitals/ Queens CAB, working in collaboration with the facility's leadership, was able to create a "health program" at the local YMCA. Mr. Andrews explained that this program is not only for patients leaving the facility but membership is also extended to the staff. Mr. Andrews noted that this initiative brings the community into the hospital in a way that they had not been able to do before.

Mr. Andrews concluded his report by thanking members of the Committee for their continued support of NYC Health + Hospitals/Queens.

NYC Health + Hospitals/Coler

Mrs. Bolus introduced Ms. Gladys Dixon, Chairperson of NYC Health + Hospitals/ Coler CAB and invited her to present the CAB's annual report.

Ms. Dixon began her presentation by thanking members of the Community Relations Committee for the opportunity to present the Coler CAB annual report and acknowledging Robert Hughes, CEO, NYC Health + Hospitals/Coler for his leadership and support. Ms. Dixon stated that, in the past year, she had met with Mr. Hughes once monthly; and at the administration's request CAB members assisted in the facility's ad-hoc committee meetings.

Ms. Dixon reported that the CAB's activities included but was not limited to: attending the monthly Council of CABs meetings, NYC Health + Hospitals Board of Directors Annual Public Meeting, hosted a Legislative Forum, and members of the Coler CAB attended the Council of CABs Conference. Ms. Dixon noted the CAB's participation in the Roosevelt Island's Town Hall meetings, Voter's Registration Drive and the Island Senior Citizen Flu Campaign.

Ms. Dixon explained that the NYC Health + Hospitals/Coler CAB had difficulties recruiting CAB members. Ms. Dixon explained that Roosevelt Island is a community with approximately fourteen (14) thousand residents who do not depend on Coler as their primary source for health care. She stated that most of the residents at Coler are physically unable to take an active role and others are simply not interested.

Ms. Dixon concluded her presentation by stating, "As 2017 brought challenges to our public health care system, we are conscious that 2018 will have difficulties and challenges as well. As long as we continue to work together, the NYC Health + Hospitals 2020 transformation can be successful."

NYC Health + Hospitals/Carter

Mrs. Bolus introduced Ms. Beverly Alston, Chairperson of NYC Health + Hospitals/ Carter CAB and invited her to present the CAB's annual report.

Ms. Alston extended greetings to members of the Committee, CAB Chairs and invited guests.

Ms. Alston began her presentation by thanking William Jones, former CAB Liaison for his many years of service and welcomed Nyron McLeish, Associate Director and Jeannette

Rosario, Sr. Associate Director in their new Liaison role. Ms. Alston reported that the Patient Care Committee meets monthly with various department to focus on patient/resident equipment and programs that would improve a patient's quality of life.

Ms. Alston described two (2) key initiatives in collaboration with the Auxiliary that had very positive outcomes for the patients and residents. First, the collaboration with food and nutrition. She explained that a new system was installed and tested that used a convection heating method to re-heat meals. She added that the new process saves production costs while expanding the variety, selection and presentation of meals. Secondly, the collaboration with Environmental Services. Ms. Alston reported that following several noise complaints, the Committee participated in a pilot program to replace metal trash cans with Rubbermaid plastic cans. Ms. Alston added that residents and families responded positively to the change that resulted in quieter interactions during room cleaning.

Ms. Alston reported that in March 2017, the CAB hosted a very successful Annual Legislative Brunch. Local and state representatives attended and made a commitment to support the facility and the healthcare system in any future endeavors. She noted that over 100 community leaders and representative were in attendance. Ms. Alston extended an invitation to everyone present to the CAB's 2018 Legislative Brunch to be held on Friday, March 23rd, beginning at 9:30a.m. Ms. Alston added that this year's theme is Bridging Health through Diversity.

Ms. Alston informed members of the Committee and CAB Chairs that the Nursing Department had met several times with the CAB and reported on: staff training for the patient experience programs. Ms. Alston noted that Carter's 2017 midpoint patient experience survey was completed and overall indicated an increase in almost every category. Mr. Floyd Long, Chief Executive Officer attends the CAB's monthly meetings and gives reports on the Health + Hospital initiatives, facility's strategic priorities, patient experience status and other issues affecting the facility. Ms. Alston added that the CAB is grateful for the assistance and the relationship with Mr. Long and the CAB Liaisons. She announced that the Carter CAB was honored to be one of the first NYC Health + Hospital facilities visited by Dr. Katz and members of the Board on Thursday, March 8th; and that the CAB is excited and looking forward to continued working relationship with the newly appointed leadership.

Ms. Alston concluded her remarks by announcing the passing of two (2) Carter CAB members in 2017: Virginia Granato, former CAB Chair and Carline Jones, member.

NYC Health + Hospitals/Elmhurst

Mrs. Bolus introduced Ms. Eartha Washington, Chairperson of NYC Health + Hospitals/Elmhurst CAB, and invited her to present the CAB's annual report.

Ms. Washington began her presentation by stating that the Elmhurst CAB had a very productive year under her leadership and Israel Rocha's, Chief Executive Officer of NYC Health + Hospitals/Elmhurst.

Ms. Washington reported the following:

- At each CAB meeting, information on the Community Health Partnership and programs on implementation were discussed. She noted that the CAB also received regular updates on the progress and accomplishments of the hospital.
- In January 2017, a multidisciplinary team of Elmhurst's clinical staff, CAB, labor, nursing and administrative leaders, came together and developed a strategic plan for the future of Elmhurst. Ms. Washington explained that the plan incorporated a SWOT (Strengths, Weaknesses, Opportunities and Threats) focus group exercise, in which CAB members took part.
- The CAB launched community rounds with the CEO. She explained that CAB members conducted a series of walks with the CEO in the business districts surrounding the hospital in order to introduce themselves and hear directly from community stakeholders about how the hospital can provide better care.
- In 2017, Elmhurst CAB members actively took part in the Hospital's Annual Pediatric Health Fair, New Year's Day Basket Distribution (visited first baby boy and girl of the year), Elmhurst's Green Market, Volunteer Recognition Ceremony, LGBTQ activities, Hispanic Heritage celebration, Red, White & Blue celebration, Community Blood Drive, and various Holiday celebrations.
- Through its five (5) standing CAB committees, the CAB monitored ongoing activities as well as initiated several new projects. She described the five standing as the following:
 - The Community Relations/Legislative Committee, chaired by Aida Gonzalez-Jarrin, hosted a Legislative Lunch in March to discuss how we can continue to provide optimal health care services in the years to come and present FY 18 capital requests. This year, the CAB were able to secure \$5 million from our legislative leaders for the purchase of CT-Biplane units for our Stroke Center.
 - The Patient Care Committee continues to monitor the hospital's efforts in evaluating patient satisfaction and address any issues concerning patients and medical service. This year's focus was EPIC implementation and community health needs assessment.

- The Women's Health Committee, chaired by Vivian Dock, worked with the hospital's Labor/Management Women's Issues Committee and a local community advocacy group – Sharing & Caring – to sponsor a successful Women's Health Forum.
- The Finance Committee worked with the Chief Financial Officer when major budget issues arose.
- The Membership Committee recruits, interviews, and mentors new members to the Board. This year six new members were recruited.

Ms. Washington concluded her report by stating, "As the New Year begins, the CAB is committed to monitoring the quality of services provided to patients, assisting in the assessment of community needs, and ensuring that population health needs are met and reflected in the hospital's programs and activities. We will continue to advise the hospital on the development of plans and new projects and establish and maintain dialog with the community."

Referring to page (4) of the Elmhurst's CAB report, most frequent complaints raised by patients /residents are long waiting time in the Emergency Department (ED), Mr. Robert Nolan, Board Member, asked if this resulted from the uptick in the number of flu cases during the last quarter of 2017 or a pattern that pre-existed. Mr. Rocha responded that Elmhurst has one of the busiest ED's in the country. However, the staff has been able to cut the wait time in half over the course of a year. He noted that during the Flu season the wait time did go up a little bit. Mr. Rocha added that under the leadership of Dr. Katz, a new urgent care model is being explored. Mr. Rocha explained that patients who do not need full emergency medical services will be seen faster.

NYC Health + Hospitals/East New York (ENY)

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of NYC Health + Hospitals/ East New York CAB and invited him to present the CAB's annual report.

Mr. Jones began his presentation with a warm welcome to Dr. Katz and by thanking members of the Committee for the opportunity to present ENY CAB's annual report. Mr. Jones reported that East New York, a Gotham Health Center is a very unique facility. He explained that this health care facility is centrally located in the eastern region of Brooklyn, and was born out of the struggles and labors of grass roots community leaders of the 1970s, who wanted to make a difference in their community and upgrade the quality of health care for their neighbors. Mr. Jones continued and added that the facility serves not only as a health care and treatment center, but also as a beacon of hope and a lighthouse to the communities of East New York, Brownsville, Bushwick, Cypress Hills, Canarsie, Bedford-Stuyvesant and as far as the border into Queens.

Mr. Jones reported that many of the staff, past and present, are replicas of those persons who live in the communities. Mr. Jones added that ENY serves a diverse community of

various ethnicities, cultures and religious beliefs, which makes the facility unique.

Mr. Jones informed members of the committee that over the past two years, ENY had experienced several changes in leadership that resulted in poor staff morale and rumors in the community of impending closure. Mr. Jones introduced Mr. William Perkinson, Associate Executive Director, East New York, and noted that the CAB members have a good working relationship with Mr. Perkinson and are very confident in his leadership abilities.

Mr. Jones asked Dr. Katz for his support in maintaining leadership stability at ENY. Mr. Jones paused to thank members of the ENY CAB who were in attendance as well as Ms. Raqiyah Dixon, Associate Director and Cheryl Jones, Interim CAB Liaison, for their continued support.

Mr. Jones concluded his report with a list of vital needs that would enhance the quality and delivery of services to the East New York community. Mr. Jones highlighted the need for two (2) new elevators. He explained that the current elevators are more than forty (40) years old. Mr. Jones continued and added that the facility is also in need of a new roof, sonographic equipment, electronic signage for the front of the building and the establishment of a grief counseling program for the community. Mr. Jones explained that the East New York community has one of the highest crime rates in New York City.

OLD BUSINESS:

None.

NEW BUSINESS:

None.

ADJOURNMENT

The meeting was adjourned at 6:20 PM.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

NYC HEALTH + HOSPITALS/GOTHAM HEALTH, CUMBERLAND

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities? Mental Health, Pediatrics, HIV, Dental, Women’s Health, Men’s Health, Asthma, Diabetes, Hypertension and Teen Health.

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings
- Other Public Meetings
- Needs Assessments
- Surveys
- Community Health Profile Data
- Reports from Community Organizations
- Other Activities (please list)
Patient Involvement Testimonies

3. Is your facility leadership addressing these needs/concerns?

- Yes
- No

a. If yes, please give examples of what the facility leadership is doing.

The Administration works closely with the Community Advisory Board in health campaigns, community outreach and a constant presence in the community in order to inform the public of the services it provides and linking the community to said services.

II. FACILITY’S PRIORITIES

1. What are the facility’s strategic priorities? To continue providing exceptional health care to our community by improving accessibility and patient flow.

2. Describe how the CAB provides input into the development of the facility's strategic priorities? Based on the monthly reports the CAB receives from the Administrator, Medical Director, Operations, Nursing, Behavioral Health, ACP and Community Relations, they afforded the opportunity to give feedback and recommendations. In addition, members attend the facility for services and have direct input through personal experience.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

Yes

No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents? Wait time to be seen by a provider. However, Administration continues to devote themselves to addressing this issue as it arises.

3. What are the most frequent compliments provided by patients/residents? Patients compliment the facility on its cleanliness and are enjoying the recent upgrades and aesthetic improvements.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 21

2. What are current numbers of members? 18 What are current numbers of vacancies? 3

3. What were the membership recruitment activities conducted by CAB this year? Public meetings, NYCHA meetings and presentations.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
Patient Care – This committee has the responsibility of acting as a patient care advocate for the community and as an advocate of quality patient care. This committee monitors the delivery of health care at the facility and makes recommendations to the Executive Director as it relates to the delivery of care.

Finance – This committee reviews, advises and makes recommendations to the Executive Director on proposals relating to the Finance and Capital Projects of the facility.

Community Relations – The mission of the committee is to help establish priorities within the facility’s programs. The committee recommends programs aimed at developing and maintaining good relationships with all of the communities served by the facility. The committee also participates with other groups and agencies in the development of community plans in health care and considers and advises the facility upon matters concerning the development of plans and programs of the facility.

6. Do Community (planning) Board representatives on the CAB communicate the facility’s needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken.

Attendance at the Community Board meetings.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board’s(s’) priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/“Community Health meeting” with the general public this year?

Yes No

9. Did the CAB host or participate with the facility’s leadership in a legislative forum this year?

Yes No

10. Did a representative of the CAB provide testimony at HHC’s Board of Directors’ Annual Public Meeting?

Yes

No

- a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities?
Go Red for Women, Annual Back to School Health Fair, American Cancer Society's Making Strides Against Breast Cancer, Annual Legislative Forum, Behavioral Health events.

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes

No

13. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes

No

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

Not enough

Just right

If not enough, what assistance would you need?

v. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Expand Insurance Options
2. Signage/Visibility of the Facility to the community

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson: Sharon Olin-Henderson

Date: 4/12/2018

Executive

Director: Michal Clarke

Date: 4/12/18



REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE
HEALTH + HOSPITALS BOARD OF DIRECTORS

MCKINNEY

Community Advisory Board

Report 2017 - 2018

Community Relations Committee

NYC Health & Hospitals

125 Worth Street

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

1. Quality short term and long-term care in a changing market place.

2. Assist residents who can be discharged to the proper setting.

3. Fiscal Viability

4. Residents and their families are kept engaged as partners in their care

5. Working closely w/ community to promote and enable healthy living

6. Continued Improvement in the Provision of Resident and Staff Experience.

7. Increase Community Awareness of Facility and the Services Offered

8. Describe how the CAB provides input into the development of the facility's strategic priorities?

Always attending monthly meetings

Continues advocacy for facility.

Provides insights of community needs.

Lobbies elected Officials where and whenever possible

Executive Director discusses and shares facility's strategic initiatives with CAB members at monthly meetings. Members share their input about the development of those plans.

CAB conducts an annual resident satisfaction survey

9. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

- *Internal complaints are quality and variety of meals still remains.*
- *Occasional lost items*

3. What are the most frequent compliments provided by patients/residents?

- *Good medical management*
- *Their interaction with staff on all levels at all time*
- *Therapy in short term care*
- *Enhancement and Cleanliness of the Facility.*
- *Consistency and continuum of their social program.*
- *Special in house and community interactive events at facility particularly during the year.*
- *Commitment and dedication of Staff*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes *N/A* No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<i>X</i>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<i>X</i>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<i>X</i>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes *N/A* No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? *12 -15*

2. What are current numbers of members? *12*. What are current numbers of vacancies? *3*

3. What were the membership recruitment activities conducted by CAB this year?

Community Outreach to health fairs, churches / Word of Mouth and Community Board meetings

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

- *Health Outreach Committee Circulates information to the community, churches and their various CBOs*
- *Education committee plans and coordinates health care forums*
- *Attend community events on behalf of the CAB Membership*
- *Membership Committee assist with recruitment of new members*
- *Resident Care Committee conducts annually Resident Satisfaction Survey*
- *General Board does walk through and interaction with staff and residents*

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken.

They make reports to their local community board.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

yes no

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

yes no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

yes no

a. If so, were the issues subsequently addressed?

Yes

11. Describe the CAB's involvement in its facility's outreach activities?

- *CAB members assist in community Health Fair: handouts and recruiting of new members.*
- *Attends educational community events that are coordinated by In-reach Committee*

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

yes postponed no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

X *Very Involved and informative. They communicate every imitative and even host seminars for clarity of functions.*

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

- 1. What Mental Health initiatives are in place for the elderly*
- 2. How serious does NYC Health + Hospitals about Post-Acute care facilities*
- 3. Adequate staffing for long term care.*
- 4. Recognition of Managerial staff*

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

Alma DePura

CAB Chairperson:

Date:

Executive Director:

Date:

4/18/18



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

NYC Health + Hospitals/Harlem - Community Advisory Board

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

*The most significant health care service needs or concerns of the community/communities served by NYC Health + Hospitals/Harlem include:
Hypertension, High Blood Pressure, Diabetes, Obesity, Heart Disease, Mental Illness, Asthma, other Breathing issues, Smoking, and Alcohol and/or Drug use.*

2. How were these needs/concerns identified? (Please check all that apply).

Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

- *Work group comprised of facility planning directors and other representatives.*
- *Published literature and internal analyses: 2016 Community Health Needs Assessment, DSRIP Community Needs Assessment, Take Care New York 2020, NYS Prevention Agenda and others.*
- *Input from: Community engagement, focus group, facility users, Community Advisory Board survey, and facility leadership.*

3. Is your facility leadership addressing these needs/concerns?

yes no

- a. If yes, please give examples of what the facility leadership is doing.

As outlined in Appendix 3 of the 2016 Community Health Needs Assessment, the Hospital's 2013 Implementation Plan addresses the prioritized health needs/concerns which were evaluated. Below is an outline of activities and initiatives provided:

- ***Diabetes***

*Patients are enrolled in the **Diabetes Registry**, which helps the patient and providers to monitor the management of disease and ensure patients have received appropriate screenings. The Chronic disease management program has implemented aggressive follow- up with non-compliant patients. Also, Certified*

*Diabetic Educators constantly provide patient education on diabetes self-management. Thanks to the Implementation of the **NYS Medical Home Demonstration Project**, the percentage of patients who are compliant with an A1C exam has increased 10% compared to 2014 data. The Hospital continues to access early detection, diagnostic and treatment services, and support groups to provide effective management strategies for Diabetes. Preventive and early detection interventions are offered through nutritional counseling, diabetes support groups, and cholesterol screenings.*

- **Cardiovascular Disease**

*Through **Project RED** the hospital has increased the number of Care Managers who oversee Care of Patients with Congestive Heart failure through to address cardiovascular disease. Disease management strategies have been enhanced through the **Harlem Healthy Hearts Initiative** which has led to a positive reduction in readmissions for patients with congestive heart failure and other cardiovascular diseases. Furthermore, patients with hypertension are enrolled in **Hypertension Target to Treat Pathway Program** to improve clinical outcomes. This program ensures that patients are educated on controlling their high blood pressure. The Hospital continues to target early detection and diagnostic and treatment services to provide effective management strategies for this disease. Social workers assess a patient's eligibility for home care support upon discharge. Post-discharge, each patient receives an appointment for follow-up in the cardiology clinic within one week. Patients also receive a post-discharge call to ensure they are compliant with medications, dietary restrictions, appointments and not exhibiting any signs or symptoms of heart failure. The system in effect provides a safety net, helping patients stay healthy in their community and prevents readmission to the hospital. Staff members also enroll eligible patients in Cardiovascular Risk Registry.*

- **Obesity**

***Bariatric Surgery Service** provides a comprehensive continuum of services including medical, surgical, nutritional, educational, and psychological services required to support patients through their Bariatric procedures and post-operative recuperation and transition. In FY'16 there were 469 and FY'17 430 cases of bariatric surgery performed.*

***Hip Hop Healthy Eating and Living in Schools** is an innovative program that focuses on the need to increase children's and parents' understanding and knowledge of calorie intake and weight management as it relates to chronic medical conditions. Targeting pre-adolescent children in communities with a disproportionate burden of obesity and its related illnesses, this program delivers an interactive multi-media, educational interventions, using music and animation,*

to children and their parents. The program seeks to help them develop the skills required to make behavioral changes to maintain or initiate a healthy lifestyle.

***Shape Up NYC** is a free family fitness program that is offered throughout the five boroughs via collaboration between the New York City Department of Health and Mental Hygiene, New York City Department of Parks and Recreation, and Equinox Fitness Clubs. NYC Health + Hospitals/Harlem currently offers daily Shape Up NYC classes, Kickboxing and Zumba. Over 200 community members and hospital staff have participated in the Shape Up NYC program since its inception. Many of the participants have reported decreases in weight and blood pressure, diminished stress levels, and improvements in mood and productivity as a result of their participation in the program.*

***GirlTrek** is the largest nonprofit for African-American women and girls in the United States. With nearly 100,000 neighborhood walkers, GirlTrek encourages women to use walking as a practical first step to inspire healthy living, families, and communities. As women organize walking teams, they mobilize community members to support monthly advocacy efforts and lead a civil rights-inspired health movement.*

- **HIV/AIDS**

NYC Health + Hospitals/Harlem has developed a seamless continuum of comprehensive programs for People Living with HIV/AIDS. Patients have access to HIV counseling and prevention education, primary care, testing, special services for women and children, nutrition care services and support groups. Existing programs include:

- *Harlem Adherence to Treatment Programs, provides support services needed by people living with HIV/AIDS to assist them in complying with their medication regimen. The program continues to actively engage patients.*
- *Family Care Center, provides comprehensive medical, and support services for children, adolescents and adults with HIV/AIDS and their families. Services include medical care by infectious diseases specialist, pediatricians, dermatologist and gynecology. Other critical services provided include counseling and testing, health education, peer support, mental health services, nutrition assessments, anti-retroviral related adherence counseling, substance abuse counseling and social support services.*
- *Family Centered Program, provides comprehensive medical specialty and case management services to individuals who are HIV+/AIDS and their infected and affected family members.*
- *HIV Rapid Testing Program, provides HIV testing on all emergency, inpatient and outpatient units.*

- *Harm Reduction Recovery Readiness Program*, uses a harm reduction model to engage HIV-infected individuals with past or current substance use issues so they may modify personal behavior patterns, improving quality of life and preventing transmission of HIV.
- *HIV Nutrition Care Services Program*, provides comprehensive nutrition assessments and counseling for treatment and prevention of HIV-associated nutrition problems. It also addresses fat redistribution and metabolic problems caused by the use of potent antiretroviral therapies.
- *Medical Care Management Program* is a comprehensive HIV/AIDS model of care designed to ensure the navigation of healthcare and social services systems, the coordination of transportation and childcare services, linkage to eligible entitlements, and adherence to treatment support for individuals living with HIV and AIDS.
- *Ryan White Part C & Part D Programs* provides comprehensive primary care services to People Living with HIV/AIDS. Special program components address nutritional care and rapid testing. The program address needs of Women, infants and children. The program continues to actively engage this population and is currently servicing 80 clients.

- **Cancer**

*NYC Health + Hospitals/Harlem implemented aggressive early intervention and screening programs for breast, cervical, prostate and colorectal cancers. In addition, the **Cancer Control Center** through the **Family Navigator Program** provides bilingual patient navigators to assist patients in accessing all appropriate health and supportive care services in the Hospital and in the community. Patients received education on the health consequences associated with smoking through the **Quit Smoking Program**. Thanks to the installation of new equipment the number of women receiving breast imaging services has increased since 2013.*

Other activities includes:

- *The Breast Imaging Center of Excellence provides all aspects of women's imaging-mammography and associated procedures.*
- *Outreach activities have increased, providing lecture to Community Organizations and increased breast cancer, Colorectal cancer, Prostate cancer and Lung cancer screening in the community.*
- *During the months of May and October, The Breast Cancer Awareness Committee coordinate a series of events and tabling to disseminate cancer information.*
- *In October 2017, the hospital partnered with the American Cancer Society for the Making Strides against Breast Cancer Walk.*

- **Trauma Related to Violence**

*The hospital provides health and support services to victims of gun shots, stabbings and assaults. **Guns Down Life Up!** Initiative has implemented Hospital Responder program. Youth between the ages of 13 to 24 who are admitted to the Hospital as a result of penetrating wound trauma are visited by staff who work with them and their families to help quell any retaliatory actions as well as counsel patients on the importance of changing their lives. Patients and their families are also shown the short documentary 'Triggering Wounds,' an internally produced project that highlights the pitfalls of gun violence and shares the effects from the viewpoint of families, friends, law enforcement and the community.*

*The Hospital regularly partners with community based organizations in what we have named our '**Circle of Community Safety**' to collaborate, discuss and focus efforts on combating gun violence. These meetings serve as a way to inform like-minded organizations on the efforts being put forth and also serve as a launching pad for collaborative efforts to make an impact in the community. These meetings also allow us to share the data and statistics that we track as a hospital with regard to trauma related injuries and also hear the qualitative data gathered by those who perform different functions at the community level. One of the outcomes of the last Circle of Community Safety meeting was that we found out the NYPD now has 2 people designated in each precinct to serve as a Crime Victims Advocate and Domestic Violence Advocate, and we were able to link our Center For Victim Support specialist with them so that when she encounters those patients that need help navigating the legal system we have a direct contact within the precinct that can help guide them through filing a report, pressing charges or pursuing any further action.*

***The Six Winners Mentoring Program** is a life skills enrichment program designed for young men. The program meets regularly and works with approximately 15-20 students and delivers modules covering a wide variety of topics. The baseline mantra for the program is "Occupy a young person's time with enriching and creative activities, so that they don't have the time to hurt themselves or hurt others"*

The hospital continues to partner with the New York Police Department's 32nd Precinct and Harlem Mothers SAVE, Stop Another Violent End, to develop a Circle of Safety, an evidence-based violence reduction program which provides a continuum of health and support care services to the victims of gun shots, stabbings and assaults, and to their families.

NYC Health + Hospitals / Harlem also continues to host community forums to discuss strategies for preventing gun violence in our communities.

The Center for Victim Support facilitates Healing Circle groups, Empowerment groups, and Advocacy Forums to victims of domestic violence. In November 2016, the hospital participated in the Shine the light walk, to bring awareness about the prevention of domestic violence.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Facility strategic priorities: Improve the Patient Experience, Increase Access Market Share & Outreach, Cost Reduction Strategies, Workforce Development and Modernization projects.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

Members of the CAB participate in key committees held throughout the hospital. CAB members attend the Hospital Wide Patient, Safety Committee, the Patient Advocacy Council, Breakthrough Report Out events and Medical and Dental Executive Committee meetings and collaborate with staff to ensure that access to quality healthcare is at the fore front of all discussion. The CAB members actively participate in focus groups.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes no

The Community Advisory Board is notified on updates through monthly reports given by the Chief Executive Officer, Medical Director, Chief Nursing Officer, Chief Financial Officer, Chief Operating Officer and Ambulatory Services Director.

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes No

The Chief Nurse Executive provides quarterly reports on patient satisfaction and the patient experience. Also, CAB Patient Care Committee meets regularly with the Patient Experience officer and the Director of Guest Relations to assist on how to improve the patient experience.

2. What are the most frequent complaints raised by patients/residents?

- *Care*
- *Attitude*
- *Communication*
- *MD availability*
- *Lost Property*
- *Primary Care*

3. What are the most frequent compliments provided by patients/residents?
- *Quality of care*
 - *Kindness and pleasant demeanor.*
 - *Interpersonal relationships between staff and patients.*
 - *More flexible clinic hours and weekends clinics.*
 - *Cultural diversity of staff complements the cultural diversity of the patient population.*
 - *Commitment of the providers and staff to the community.*
 - *Hospital provides social services, financial and legal assistance, Mental Health, Women Infant Children (WIC) Supplement Food Program, AIDS Center of Excellence, Bariatric Center of Excellence, Patient Centered Medical Home, Quit Smoking Program, and Project RED Congestive Heart Failure Project.*
 - *Strong collaborations with community organizations*
 - *Hospital’s physicians are experts in their fields.*
 - *Hospital has unique sub-specialties including Burn Unit; Plastic Surgery, Interventional and Muscular-Skeletal Radiology and sub-specialties for reconstructive facial surgery.*
 - *NYC Health + Hospitals / Harlem is the only acute care facility in Harlem*
 - *Ability to secure grant funds for special initiatives to bridge gaps in service.*
 - *Patient-centered leadership empowers management staff to rise to their potential.*
 - *Progressively enhancing the Information Technology Infrastructure to enhance the quality of care and communications.*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility’s access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes
 No

5. From the CAB’s perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC’s Options Program posted in areas that have high traffic?

Yes
 No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership?
25

2. What are current numbers of members? 21 What are current numbers of vacancies? 4

3. What were the membership recruitment activities conducted by CAB this year?
The Membership Committee provided membership information and applications to the community at the Harlem Week Annual Health Fair. Also, the Membership Committee makes monthly announcements at the CAB Full Board Meeting and encourages CAB members to refer applicants to the Board.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes

No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Membership Committee – *this committee reviews applications, nominations, and recommend appointments to the applicable appointing source. The Committee convenes periodically as the need arises for new/replacement members.*

Patient Care Committee – *this committee served by all CAB members serves as liaisons with departments within the hospital to evaluate the medical care and services rendered to patients. The Committee reports its findings and recommendations to the Board.*

Annual Public Meeting Committee – *this committee is responsible for the planning and executing the CAB Annual Public Meeting.*

Legislative Breakfast Committee – *this committee is responsible for the planning and executing the CAB Legislative Breakfast.*

Sunshine Committee – *this committee is responsible for collecting dues from the CAB members and purchasing cards, gifts, for special occasions, and bereavement.*

By-Laws Committee – *this committee is responsible for reviewing the proposals of the Board for amending the By-Laws and reporting to the membership.*

Outreach and Community Relations – this committee is responsible to organize health awareness seminars and outreach efforts to inform the community of the hospital initiatives, services and new programs.

Vacancy Committee – this committee overview the hospital’s vacancies reports from PAGNY.

Mental Health Committee – this committee with the facility Chief of Psychiatry are responsible for organizing awareness seminar and informational events.

6. Do Community (planning) Board representatives on the CAB communicate the facility’s needs or concerns with local Community Board(s)?

Yes No

- a. If yes, please describe actions taken.

Community Board Members who are members of the CAB share reports and activities during monthly Community Board and Health Committee Meetings. Also, the CEO and the director of Public Affairs attended to Community Board meeting to inform the board about services, initiatives and provide an opportunity to address community concern.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board’s(s’) priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/“Community Health meeting” with the general public this year?

yes no

9. Did the CAB host or participate with the facility’s leadership in a legislative forum this year?

yes no

10. Did a representative of the CAB provide testimony at HHC’s Board of Directors’ Annual Public Meeting?

yes no

- a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities?

- *Active participants in Harlem Week 2017 – Street talk Survey*
- *Harlem Advocates for Seniors*
- *Harlem Children Zone Peace Walk 8/9/2017*
- *GirlTrek movement*
- *Go Red for Women Event*
- *Outreach Programs in the Hospital*
- *Health fair*
- *Tenant Associations*
- *Local Churches*
- *Community Centers*
- *Senior centers*
- *School Boards*
- *Block Associations*
- *Various walks promoted by the Hospital*
 - *Shine the light walk -Domestic violence awareness*
 - *Making Strides Against Breast Cancer*
 - *AIDS Walk New York*
 - *March for Babies*
 - *NAMI Walk*
 - *Percy Sutton Harlem 5K Run*

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

yes no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

Community Advisory Board Report
Page 11

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB
Chairperson:

Benito Jay Stenbridge

Date:

4/18/18

Executive
Director:

Ernie M. Carrington

Date:

4/20/18

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS**

**RENISSANCE/ A GOTHAM HEALTH CENTER
COMMUNITY ADVISORY BOARD**

COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- AIDS and HIV
- Asthma
- Cancer Screening
- Childhood Obesity
- Dental
- Diabetes
- Eye Care
- Heart Disease
- Hypertension
- Mental Health and Counseling
- Nutrition
- Opioid Program
- Prenatal care
- Smoking
- Social Services
- Weight Management

2. How were these needs/concerns identified? (Please check all that apply).

Community Board(s) meetings

Other Public Meetings

Needs Assessments Surveys Community Health Profile Data

Reports from Community Organizations Other Activities (please list)

- Need at least two (2) vans: being an offsite; Sydenham required daily deliveries, including sterile instruments. Transport patients between sites, staff are required to travel between sites to provide coverage/attend meetings. In addition to the cost, the distance from one center to another can affect the time they will arrive

using public transportation. The CAB and Auxiliary also require transportation to visit centers, attend community outreach events and meetings at central office.

- Hosted a Holiday Party on December 23, 2017 at Sydenham Health Center which included toys for 300 children, children/parents health information, face painter, food, and music.
- Two CAB members attended NYC Health + Hospitals Lobby Day on February 13, 2018
- HIV/AIDS Outreach testing at Touro College Health Fair March 23, 2018
- Met with NYC Health + Hospitals/Sydenham Medical Director, Director of Nursing and Assistant Director of Nursing/Substance Abuse Coordinator update on the Opioid Program. The Opioid Medication Assistance Treatment Program.
- Coordinate Meetings with Political Leaders that include Gregory Atwater, Dr. Reba Williams, Ruth Clark, Everett Person and Randreta Ward-Evans.

1. Do your facility leadership addressing these needs/concerns?

yes no

a. If yes, please give examples of what the facility leadership is doing.

- Hosting Health Outreach screenings throughout NYC Health + Hospitals/Sydenham
- Hosting Health Outreach screenings and promoting services through the Harlem, East Harlem and West Harlem Communities
- Staff Training and Development
- Meeting with community leaders, politicians, organizations and other health care advocates

FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Improve Patients Experience
- Improve Patients Cycle Wait Time
- Improve Patients Communication Wait Time
- Nirvana and Provider Engagement
- Educating Patients on Healthy Eating
- Diabetes and Hearth Education
- Community Outreach

- Community and Staff fitness classes
- Improving Patient Safety
- Increasing Community Partnership
- Mental Health Counseling
- Opioid Health Counseling
- Prenatal Care, ObGyn
- Improving Staff and Leadership Working relationships

1. Describe how the CAB provides input into the development of the facility's strategic priorities?

- The CAB offers input on how to improve the outreach and strategic priorities
- The CAB offers input on staff customer service
- The CAB hold public meetings to improve community relations
- Regular discussions and access to the Deputy Executive Director and Medical Director
- The CAB reacts to information given by the patients in NYC Health + Hospitals/Sydenham centers on how to improve health care. Information is brought to the Council of CABs meetings, making Senior Management aware of the concerns of the patients, and potential problems.

2. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes no

3. The Senior Management team share information at the CAB full board meetings.

yes no

• PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes No

2. What are the most frequent complaints raised by patients/residents?

- Do not understand why there are not more subspecialties as NYC Health + Hospitals/Sydenham.
- The reduction in services and patients are referred to NYC Health + Hospitals/ Harlem and Lincoln.

3. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes No

- Deputy Executive Director, Medical Director, and Director of Nursing updated the CAB at the full board meetings.

4. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance		<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

• **CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 26

2. What are current numbers of members? 15 What are current numbers of vacancies? 11

3. What were the membership recruitment activities conducted by CAB this year?

- Applications were available at all Outreach and Community events.
- Community Advisory Board Public Events

- Requests were made to Community Boards.
- CAB and Senior Management recommendations have been made.

1. Do the CAB's recruitment efforts include outreach to new population groups in the community?

X Yes No

2. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Executive Committee –establishes committees to carry out objectives of the Board. The Executive Committee has the authority to act on behalf of the entire Board subject to ratifications at the next regular Board meeting, when an opportunity for the full Board does not exist.

Receiving and acting on reports of committees of the Board. Prepare the agenda for the regular Board Meeting. Sponsor relevant community programs in health.

Membership Committee – solicits, screens and recommends to the Associate Executive Director and/or Manhattan Borough President names of proposed candidates for membership under the proper categories for replacement or categories for replacement or vacancies on the Board

Legislative Committee – is responsible for considering rules and regulations by which the Board will conduct its business. The committee shall keep abreast of New York City, New York State and Federal Legislations, which will affect the health needs of the consumers. The committee will be responsible for the election process.

Patient Care Committee- participate in the planning and/or initiation of programs for the patients, evaluates and monitors the acceptability of services rendered to patients; help to establish priorities within the RHCN.

Public Relations Committee – reaches out to the community to educate, increase health awareness, and promote the growth of a health constituency in concert with Patient Care Committee. Plans and coordinated the Annual Public Meetings.

Finance Committee – advises in the development, preparation and submission of the RHCN capital and expense budget and proposals. Advises the RHCN Executive Director and Corporation on the establishment of priorities within appropriate budgets.

Sunshine Committee – shall be responsible for the hospitality, good, and welfare to the Board members at times of illness and special recognition. The committee shall keep the records of the Board members voluntary contributions and transactions.

3. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken

- The representative gives a report to the Health Committee.

1. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

2. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

yes **no (the Annual Public Meeting is held in October or November. The last Annual Public Meeting was held October 27, 2017.**

3. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

yes no

4. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

yes no

1. If so, were the issues subsequently addressed?

5. Describe the CAB's involvement in its facility's outreach activities?

- Hosting and attending outreach screenings
- Annual Pediatric Holiday Event
- March 23, 2018 Touro Medical College Health Fair, (twice a year)

1. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?
 yes no
2. Did your CAB participate in last year's Council of CABs Annual Conference? The Annual Conference was cancelled
 yes no
3. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?
 not enough just right
If not enough, what assistance would you need?

• **ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. CABs have a marketing discussion/plans with Central Office's Public Affairs department.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB Chairperson: Ruth Clark

Date: 4/9/18

Deputy Executive Director: [Signature]

Date: 4/24/18



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC Health + Hospitals/Woodhull
CAB Annual Report 2018**

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- Diabetes
- Hypertension/High Blood Pressure
- Heart Disease, High Cholesterol, Stroke
- Obesity
- Mental Illness
- Asthma and other Breathing Issues
- Alcohol and/or Drug Use
- Cancer
- Smoking
- Dementia
- HIV/AIDS, Hepatitis, STDs
- Violence
- Premature Births, Low Birth Weight

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

- Community Advisory Board meetings
- Patient Advisory Committee
- Community Outreach Events
- Annual Public meetings

3. Is your facility leadership addressing these needs/concerns?

yes

no

a. If yes, please give examples of what the facility leadership is doing.

Mr. Gregory Calliste, Chief Executive Officer the Community Advisory Board meets monthly and as needed to address the needs and concerns. The Medical Director, Chief Nurse Executive, Associate Executive Director for Planning and Public Affairs, and other members of Senior Cabinet also attends the monthly CAB meeting.

Mr. Calliste provides the Community Advisory Board with weekly Woodhull Highlights on Patient Care, Patient Experience, Staff Engagement, Community Satisfaction, Continuous Growth and Fiscal Viability and continuous updates on What's Happening at Woodhull and NYC Health + Hospitals and Community Newsletters.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- To address the health care needs of the community. Through an inclusive process that merged consumer, community, and epidemiologic data, Woodhull has targeted five health care priorities:
 1. Hypertension
 2. Alcohol and/or Drug Use
 3. Diabetes
 4. Obesity
 5. Heart Disease, High Cholesterol and Stroke.
- Expand implementation of the New York State (NYS) Delivery System Reform Incentive Payment (DSRIP) program with the initiation of Care Coordination and Asthma Home visits.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The Woodhull Community Advisory Board participated in two focus groups that resulted in the development of the health care priorities and also participated in the development of the strategies to address those needs. The 2016 Community Health Needs Assessment (CHNA) plan is a three year process and the CAB will periodically review progress toward meeting objectives.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

Yes

no

The Community Advisory Board is provided with ongoing updates and the members also provide feedback into any new program and modernization of projects.

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

The Chief Executive Officer and the Medical Director provides the Community Advisory Board with reports at each monthly CAB meetings. In addition, The Chief Executive Officer provides the CAB with copies of Woodhull's highlights and copies of employee and community newsletters.

Moving forward, the CAB is requesting more detailed and formalized reports and updates with more details than a basic newsletter update.

2. What are the most frequent complaints raised by patients/residents?

- Long wait time for an appointment
- Waiting time to be seen by the physician
- Overcrowded Emergency Room

3. What are the most frequent compliments provided by patients/residents?

- 1 New extended hours in the Medicine Practice
- 2 New hired physicians and Nurse Practitioners to address the workload
- 3 New Medical Equipment funded by the Woodhull Auxiliary Board
- 4 New Pride Health Center
- 5 LGBTQ Equality
- 6 Baby Friendly
- 7 Multiple Birth Baby Event
- 8 Chemical Dependency Ceremony
- 9 Back to School Health Fair
- 10 Woodhull's Kid Ride Club
- 11 Relocation of the Phlebotomy Practice
- 12 Free Flu Shots
- 13 Internet/Intranet websites
- 14 Wi-Fi Availability
- 15 Snack for Geriatric Practice
- 16 The Cleanliness of the facility
- 17 The Healing Garden
- 18 Music in the practices
- 19 Zumba Classes
- 20 Community Engagement Event
- 21 Monthly lectures and workshops on Health Related Topics

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24
2. What are current numbers of members? 17 What are current numbers of vacancies? 7

- 1 Community Planning Board # 2
- 4 Brooklyn Borough President
- 1 Executive Director
- 1 Members-At-Large

Ambulatory Care Committee

The Ambulatory Care committee has the responsibility of acting as a patient advocate for the community and its patients. The committee monitors and conducts site visits to the various practices and makes recommendation as needed to the Chief Executive Officer.

Several Community Advisory Board members are participants' on the Patient Advisory Committee.

Mental Health Committee

The Mental Health Committee reviews and monitors projects and programs and makes recommendations to the CAB and Chief Executive Officer.

Planning/Development & Financial Committee Finance Committee

The Finance Committee makes recommendations to the Chief Executive Officer and the Chief Financial Officer regarding new areas of focus based upon needs in the community.

By-Laws

The By-Laws Committee has the responsibility for ensuring that the By-Laws are followed and are in compliance with corporate operating procedures and guidelines. The By-Laws Committee also has the responsibility for reviewing and updating their By-Laws.

5. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes

No

a. If yes, please describe actions taken.

Each Community Planning Board representative on the CAB reports back to their respective Community Planning Boards with written materials such as, but not limited to newsletters, brochures, flyers, reports, announcements, upcoming events, public hearing notices, minutes of meetings and NYC Health + Hospitals information packages.

The CAB is also planning briefing with Community Boards.

6. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes

No

7. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes

no

8. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes

no

NYC Health + Hospitals/Woodhull's Legislative Forum was held on Friday, February 10, 2017.

9. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes

no

a. If so, were the issues subsequently addressed? Yes.

10. Describe the CAB's involvement in its facility's outreach activities?

The Woodhull Community Advisory Board members are invited and attends facility's outreach activities and events.

11. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes

no

12. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes

no

13. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

Excellent

not enough

just right

If not enough, what assistance would you need?

With recent staff changes, a rep from counsel office has not been present.

v. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Work Place Violence and Bulling.
- 2.
- 3.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB Chairperson: TA

Talib Nichiren

Date: 4/30/18

Signatures:

Chief Executive Officer: G. Calliste

Gregory Calliste, FACHE, MBA, MS

Date: 4/30/18